Notifying the Public of Rights Under Title VI

City of Holyrood

- City of Holyrood operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the City of Holyrood.

- For more information on the City of Holyrood’s civil rights program, and the procedures to file a complaint, contact 785 252-3652 email holycity@hbcomm.net; or visit Holyrood City Hall at 110 S Main, Holyrood KS 67450.

For more information, visit www.holyroodkansas.com

- A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590

This notice is posted in Holyrood City Hall at 110 S Main, Holyrood KS 67450,
It is posted on the agency website at www.holyroodkansas.com
Title VI Complaint Procedure

The following pertains only to Title VI complaints regarding the services of the
City of Holyrood Public Transportation System

Title VI, 42 U.S.C. §2000d et seq., was enacted as part of the Civil Rights Act of 1964. At the heart
of the regulation is the statement that:

No person in the United States shall, on the ground of race, color, or national origin, be
excluded from participation in, be denied the benefits of, or be subjected to
discrimination under any program or activity receiving Federal financial assistance.

The City of Holyrood has in place a Title VI Complaint Procedure, which outlines a process for
local disposition of Title VI complaints and is consistent with guidelines found in Chapter III of the
Federal Transit Administration Circular 4702, dated October 1, 2012. If you believe that the City of
Holyrood federally funded programs have discriminated your civil rights on the basis of race, color,
or national origin you may file a written complaint by following the procedure outlined below:

1. Submission of Complaint.

Any person who feels that he or she, individually or as a member of any class of persons, on the
basis of race, color, or national origin has been excluded from or denied the benefits of, or
subjected to discrimination caused by the City of Holyrood may file a written complaint with the
City of Holyrood City Clerk. A sample complaint form is available in hard copy at the offices of the
City of Holyrood. Upon request, the City of Holyrood will mail the complaint form. Such
complaints must be filed within 180 calendar days after the date the discrimination occurred.

Notes: Assistance in the preparation of any complaints will be provided to a person or persons upon
request and as appropriate. If information is needed in another language, then contact the City Clerk,
(785-252-3652).

Complaints should be mailed to or submitted by hand to:

City of Holyrood
110 S Main
PO Box 67
Holyrood, KS  67450
2. Referral to Review Officer

Upon receipt of the complaint, the City Clerk of the City of Holyrood shall appoint one or more staff review officers (made up of one governing body member), as appropriate, to evaluate and investigate the complaint. If necessary, the Complainant shall meet with the staff review officer(s) to further explain his or her complaint. The staff review officer(s) shall complete their review no later than 45 calendar days after the date the agency received the complaint. If more time is required, the City Clerk shall notify the Complainant of the estimated timeframe for completing the review. Upon completion of the review, the staff review officer(s) shall make a recommendation regarding the merit of the complaint and whether remedial actions are available to provide redress. Additionally, the staff review officer(s) may recommend improvements to the City of Holyrood processes relative to Title VI, as appropriate. The staff review officer(s) shall forward their recommendations to the Governing Body of Holyrood, KS for concurrence. If the Governing Body of Holyrood, KS concurs, they shall instruct the issue the City of Holyrood’s written response to the Complainant. This final report should include a summary of the investigation, all findings with recommendations, corrective measures where appropriate.

Note: Upon receipt of a complaint, the City of Holyrood shall forward a copy of this complaint and the resulting written response to the appropriate KDOT and FTA Region 7 contacts.

3. Request for Reconsideration

If the Complainant disagrees with the Governing Body's response, he or she may request reconsideration by submitting the request, in writing, to the Governing Body of Holyrood, KS within 10 calendar days after receipt of the initial response. The request for reconsideration shall be sufficiently detailed to contain any items the Complainant feels were not fully understood by the Governing Body of Holyrood, KS. The Governing Body of Holyrood, KS will notify the Complainant of their decision in writing either to accept or reject the request for reconsideration within 10 calendar days. In cases where the Governing Body of Holyrood, KS agrees to reconsider, the matter shall be returned to the staff review officer(s) to reevaluate in accordance with Paragraph 2 above.

4. Appeal

If the request for reconsideration is denied, the Complainant may appeal the Executive Director's response by submitting a written appeal to The Ellsworth County Council of Aging no later than 10 calendar days after receipt of the Executive Director's written decision rejecting reconsideration. The Ellsworth County Council of Aging will then make a determination to either request reevaluation by the staff review officer(s) or forward the complaint to KDOT for further investigation.
5. Submission of Complaint to the State of Kansas Department of Transportation.

If the Complainant is dissatisfied with the City of Holyrood’s resolution of the complaint, he or she may also submit a written complaint within 180 days after the alleged date of discrimination to the State of Kansas Department of Transportation for further investigation.

KDOT Office of Contract Compliance
Eisenhower State Office Building
700 Southwest Harrison
3rd Floor West
Topeka, KS 66603
Title VI Complaint Form

The purpose of this form is to assist you in filing a complaint with the City of Holyrood Public Transportation. You are not required to use this form; a letter containing the same information will be sufficient.

Section I:

Name: ____________________________________________

Address: ____________________________________________

Telephone (Home): ______________________ Telephone (Work): ______________________

Electronic Mail Address: ________________________________

Accessible Format: __________ Large Print: __________ Audio Tape: __________

Requirements? TDD: __________ Other: __________

Section III:

Are you filing this complaint on your own behalf? Yes* No

*If you answered "yes" to this question, go to Section III.

If you answered “no” to this question, please supply the name and relationship of the person for whom you are complaining: ______________________________________

Please explain why you have filed for a third party: ______________________________________

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes No

Section III:

I believe the discrimination I experienced was based on (check all that apply):

[ ] Race [ ] Color [ ] National Origin

Date of Alleged Discrimination (Month, Day, Year): ________________________________

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach additional pages. ______________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________
Section IV:
Have you previously filed a Title VI complaint with this agency? Yes No

Section V:
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? [ ] Yes [ ] No

If yes, check all that apply:
[ ] Federal Agency: [ ] Federal Court [ ] State Agency
[ ] State Court [ ] Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____________________________________________________________
Title: ____________________________________________________________
Agency: ___________________________________________________________
Address: __________________________________________________________
Telephone: __________________________________________________________

Section VI:
Name of agency complaint is against: _____________________________________
Contact person: _______________________________________________________
Title: ______________________________________________________________

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature ___________________________________________________________
Date ______________

Please submit this form in person at the address below, or mail this form to:

City of Holyrood
110 S Main
PO Box 67
Holyrood, KS 67450
<table>
<thead>
<tr>
<th>Investigations</th>
<th>Date Submitted/Filed (Month, Day Year)</th>
<th>Summary of allegation (include basis of complaint: race, color or national origin)</th>
<th>Status</th>
<th>Resolution/Action Taken</th>
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<td>Complaints</td>
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City of Holyrood
Transit Public Participation Plan Outline

1. Brief description of provider's activities and services

*The City of Holyrood has been providing transportation to the General Public for more than 15 years. We provide rides within a 10 mile radius of Holyrood.*

2. Brief description of activities that would warrant public participation (i.e. fare changes, changes to service hours, route adjustments, service area changes).

*The City of Holyrood would notify the public for any fare changes, service hour changes, fixed route adjustments, and policy or procedure changes.*

3. Brief description of the proactive public participation strategies would be used.

*All public notifications would be planned as follows:*

- Public hearings/meetings/workshops to be held at convenient times and accessible locations
- Various advertising platforms would be utilized (Ellsworth County Independent / Reporter, Channel 2, flyers, and website.)
- A database of contacts to include : interested members of the public, elected officials, local government staff, KDOT Public transit staff, local media).
- Direct mailings to the donor mailing list.

4. Brief description of outreach methods to engage minority and Limited English Proficiency (LEP) individuals (i.e. translation of public meeting materials, providing translation services if requested, targeted media messages in low income neighborhoods of service area, Work with existing neighborhood and advocacy organizations).

*The City of Holyrood would meet the needs if notified in advance and by following the Limited English Proficiency Plan.*
5. Brief description of the desired outcomes of the agency's public participation efforts.

- The agency desires to have actively engaged transit riders, stakeholders and members of the general public in the decision making process.
- The agency strives to have given adequate public notice of public participation activities and allowed proper time for public review and comment at key decision points.
- The agency desires to provide timely information about transportation issues and processes to transit riders, stakeholders and members of the general public.
- The agency will provide responses to all public input as appropriate.
- The agency will have facilitated effective communication among a diverse group of stakeholders.
- The agency will have established a timetable for review of the Public Participation Process to ensure it provides full and open access to all.

6. Brief summary of recent outreach efforts over the past three years.

The City of Holyrood continues to encourage all transit riders and residents to give feedback to the City of Holyrood in writing or by attending a City Council meeting.
Limited English Proficiency Plan

Using the above information, the City of Holyrood collected and developed a plan to provide necessary assistance to LEP persons.

Identified LEP individuals
There are no specific population groups that meet the criteria of more than 5% or more than 50 individuals.

Language Assistance Measures
If needed, we would utilize an interpreter to help us with communication and scheduling of rides for those who have a language barrier. We would use online translation tools, Braille services, sign language interpreters as well as contacting the Language department at a university to assist with any language barriers we would encounter.

Training Staff
The dispatcher will communicate with the interpreter to schedule the rides. The drivers will communicate as best as possible with the riders during the route.

Providing Notice
The LEP plan will be provided to any person or agency requesting a copy. The person of contact in regards to the LEP Plan is the City Clerk and can be reached via phone at (785) 252-3652.

Monitoring and Updating the LEP Plan
The City of Holyrood will update the plan according to the Title VI update schedule, which is every three years. The plan will also be updated any time changes in the demographics of the agencies service area are deemed significant in regards to LEP persons.
Language Assistance Plan
Limited English Proficiency Plan (LEP) Preview

The purpose of developing an LEP, as a recipient of federal funds, is to identify the extent of LEP individuals and identify ways that the transit agency can reduce or eliminate barriers to LEP individuals.

Four Factor Analysis
1) Identify the number of or proportion of LEP individuals that can utilize the service provided by the City of Holyrood. Using the 2007-2011 American Community Survey data, we find that there are no language groups that fit the criteria of more than 5% of total population or more than 50 persons who "speak English less than very well". We do serve some individuals who would be categorized as this. In that case, we rely on an interpreter to assist us with communication and scheduling rides for those individuals.

2) Identify the frequency in which LEP individuals come in contact with the service. There are no language group that currently qualify as a LEP group.

3) Identify the importance of the service to the LEP community. We provide transportation for medical, nutritional and personal reasons to the General Public to locations within a 25 mile radius. We go through an interpreter to communicate and schedule rides for individuals who speak English less than very well.

4) Identify the resources available and the respective costs of these resources. Currently, the interpreters are either volunteer, faith based or family members of the individuals who speak English less than very well, so there is no cost associated with this service.

Table Depicting City of Holyrood, KS Population, Governing Body, and Staff, Broken Down by Race

<table>
<thead>
<tr>
<th>Body</th>
<th>Caucasian</th>
<th>Latino</th>
<th>African American</th>
<th>Asian</th>
<th>American Indian or Alaska Native</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population within service area</td>
<td>98%</td>
<td>0%</td>
<td>0%</td>
<td>0.2%</td>
<td>0.4%</td>
<td>.4%</td>
</tr>
</tbody>
</table>

(Information taken from 2010 Census)

Governing Body
100%
0%
0%
0%
0%
0%

Agency Staff
100%
0%
0%
0%
0%
0%